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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Ambarian Cocket Number 4		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
			IBER FILED NUMB		ER EXTRA		RATE	FEE		RATE	FEE
(37	SIC FEE CFR 1.16(a))]		s	OR		s
(37	TAL CLAIMS CFR 1.16(c))		minus 20 = •				x s =		OR	x \$	
	EPENDENT CLAI CFR 1.16(b))	MS	minus 3 = *				x \$=		OR	x s•	
MULTIPLE DEPENDENT CLASM PRESENT (37 CFR 1.16(d))							+5=		OR	+5=	
. 14	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
1-	2-/0-05 (Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
ENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI TIONAL FEE
	Total gr cfr i.us(c))	28	Minus	"3°		1	x s <u>45</u> -		OR	x \$ 50 .	
	Independent (37 CFR 1.15(b))	· 3	Minus	" 3	=	1	x s /00=		OR	x \$200 =	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					1	+= 180 -		OR	+s36c=	
						•	TOTAL ADD'L FEE	•	OR	TOTAL ADD'L FEE	
_		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT B	9/9/18	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total profit Lukell	28	Minus	30	E /		x \$=		OR	x : <u>SO</u> .	1
	Independent (37 CPR 1,18(b))	. 3	Minus	" 3	• /		x s=		OR	x 200 ··.	
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(6))						+5=		OR	+,360.	/
							TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	1
(Column 1) (Column 2) (Column 3)									٠.		
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.154c))	•	Minus	••	*		x s=		OR	x \$=	
	Independent (37 CFR 1,19(b))		Minus	•••	=		x s=		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+5=	•	OR	+ \$=	
TOTAL ADD'L FEE									OR '	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "U" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "3".											

"If the "Highest Number Previously Paid For" (N THIS SPACE is test than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the entered to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.